

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE: _____ (X6) DATE: _____

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395282	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 03/23/2023
NAME OF PROVIDER OR SUPPLIER: ST. FRANCIS CENTER FOR REHABILITATION & HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE: 1412 LANSDOWNE AVENUE DARBY, PA 19023			
STATE LICENSE NUMBER: 190502					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETE DATE	
F 0677 SS=D	Continued from page 1 483.24(a)(2) ADL Care Provided for Dependent Residents §483.24(a)(2) A resident who is unable to carry out activities of daily living receives the necessary services to maintain good nutrition, grooming, and personal and oral hygiene; This REQUIREMENT is not met as evidenced by:	F 0677	1. Resident R4 was provided incontinence care. 2. All residents were evaluated if they required grooming care. If a resident requires groom care they were provided with the care. 3. Nursing staff were educated on the importance of assisting residents when they request care. 4. Director of Nursing or designee will audit care being provided to residents to ensure care was provided as requested. Results of the audit will be completed once a week for four weeks. The results of the audit will be reviewed at the monthly QAPI meeting.	Completion Date: 04/18/2023 Status: APPROVED Date: 04/18/2023	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395282	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 03/23/2023
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F 0677 SS=D	<p>Continued from page 2</p> <p>Based on observations, resident interview, it was determined that facility failed to provide personal and grooming care for a dependent resident for one out of seven residents reviewed. (Resident R4)</p> <p>Findings include:</p> <p>Review of Resident R4's clinical record revealed the diagnoses of acute and chronic respiratory failure with hypoxia (below-normal level of oxygen in the blood), chronic obstructive pulmonary disease (disease process that causes decreased ability of the lungs to perform), morbid obesity, cerebral infarction (stroke), muscle weakness and partial traumatic amputation of left foot.</p> <p>Review of Resident R4's significant change Minimum Data Set (MDS assessment of resident care needs) dated February 11, 2023, revealed that the resident required extensive assistance of two staff members with bed mobility, transfers, dressing and personal hygiene.</p>	F 0677			

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F 0677 SS=D	<p>Continued from page 3</p> <p>Observations on March 23, 2023 at 11:27 a.m. revealed Resident R4 was lying in bed and calling out for assistance. Nursing staff was observed walking past Resident R4's room while resident was calling out at 11:30 a.m.</p> <p>Another nursing staff member walked past Resident R4's room at 11:35 a.m. without acknowledging resident while she was calling out "help me, help me, I need help in here."</p> <p>Review of Unit 2 Main 'CNA (nurse aide) Assignment 7-3" for March 23, 2023 states: "Staff: All residents are to be up by 11 a.m. Please clean residents hands before and after meals."</p> <p>Interview with Resident R4 revealed resident was concerned regarding not receiving assistance for mass services which were held "daily at 10:30 a.m." Resident stated, "I would like to get out of bed and be changed."</p>	F 0677			

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F 0677 SS=D	Continued from page 4 Additional observations on March 23, 2023, 12:00 p.m. revealed that it was not until 12:00 p.m. that Assistant of Director of Nursing, was observed providing incontinence care to the resident. 28 Pa. Code 211.10(a)(d) Resident care policies 28 Pa. Code 211.12(d)(1)(5) Nursing services	F 0677			



Certified End Page

ST. FRANCIS CENTER FOR REHABILITATION & HEALTHCARE

STATE LICENSE NUMBER: 190502

SURVEY EXIT DATE: 03/23/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY